FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 FEB -7 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002162 (5)

1. Corporation Name

APPLIANCE PARTS SALES & SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
4206 BUCK POINT ROAD JACKSONVILLE FL 32210	4206 BUCK POINT ROAD JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **10/30/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3148362** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

HARWELL, PIA F
4206 BUCK POINT ROAD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is NOT Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

P
HARWELL, PIA F
4206 BUCK POINT RD
JACKSONVILLE FK 32210

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate and complete. I also certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an indication for a change.

SIGNATURE: Pia F Harwell 2/5/96 904-772-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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